

Rehabilitation

J Guzman et al (C Bombardier). BMJ. June (2001) #7301 p 1511.

A review of multi disciplinary rehabilitation for chronic low back pain.

Chronic low back pain is generally found to depend on multiple, interrelating, physical, psychological and social/occupational factors. It would seem sensible therefore to address these cases by means of multidisciplinary care.

This review examined the success of treatment regimes that employed both physical and psychosocial techniques.

The review included all reports of randomised controlled trials of biopsychosocial treatment of chronic low back pain. In all, 32 studies were found which matched this description but only 10 of these reported an acceptable methodology.

The 10 papers yielded a summed population of 1964 patients with disabling LBP of more than 3 months duration.

All accepted trials reported measures of pain, function, employment status and quality of life. Trials were differentiated according to the intensity of care. For the purposes of this review, intensive means: daily and, sum of contact hours is greater than 100 hours.

The review found:

- Strong evidence that intensive multi disciplinary biopsychosocial rehab with functional restoration, improves function.
- Moderate evidence that intensive multi disciplinary biopsychosocial rehab with functional restoration, reduces pain.
- Contradictory evidence that it affects vocational outcome.

Less intensive interventions were not effective compared with single discipline approaches.

Comment

Reviews of this sort will always be subject to reporting bias, however, the analysis looks encouraging for intensive treatment. However, it may be that centres which participate in such research offer a higher level of skill than could be generally found.

Cost effectiveness could be assessed if the reviewers were to calculate the number needed to treat to return one case to normal function.

Further work is needed to assess the value of the functional improvements achieved to date.